



Contract Number
21-213 A-2

SAP Number

Department of Public Health

Department Contract Representative	Winfred Kimani
Telephone Number	(909) 458-9461
 Contractor	 United States Department of Health and Human Services, Health Resources and Services Administration
Contractor Representative	Mona D. Thompson
Telephone Number	(301) 443-3429
Contract Term	March 1, 2021 through February 28, 2022
Original Contract Amount	\$2,225,840
Amendment Amount	\$66,000
Total Contract Amount	\$2,291,840
Cost Center	930005100

Briefly describe the general nature of the contract: Amended grant award, Amendment No. 2 to County Contract 21-213 (Award No. 6H80CS00657-20-03) from the United States Department of Health and Human Services, Health Resources and Services Administration for the Health Center Program, increasing the amount by \$66,000, from \$2,225,840 to \$2,291,840, for the period of March 1, 2021 through February 28, 2022.

FOR COUNTY USE ONLY

Approved as to Legal Form

Adam Ebright, Deputy County Counsel
Date 10/18/2021

Reviewed for Contract Compliance

Date

Reviewed/Approved by Department

Joshua Dugas, Director
Date 10-18-21



Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# H8000657
Federal Award Date: 08/24/2021

Recipient Information

1. **Recipient Name**
SAN BERNARDINO COUNTY PUBLIC HEALTH DEPT
351 N Mount View Avenue
San Bernardino, CA 92415-0003
2. **Congressional District of Recipient**
43
3. **Payment System Identifier (ID)**
1956002748B1
4. **Employer Identification Number (EIN)**
956002748
5. **Data Universal Numbering System (DUNS)**
106376861
6. **Recipient's Unique Entity Identifier**
7. **Project Director or Principal Investigator**
Winfred Kimani
wkimani@dph.sbcounty.gov
(909)383-3013
8. **Authorized Official**
Alvin Goh
agoh@dph.sbcounty.gov
(909)387-6293

Federal Agency Information

9. **Awarding Agency Contact Information**
Mona D. Thompson
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
mthompson@hrsa.gov
(301) 443-3429
10. **Program Official Contact Information**
Tanya Cepero-Chapman
Public Health Analyst
Bureau of Primary Health Care (BPHC)
TCepero-Chapman@hrsa.gov
(301) 443-7439

Federal Award Information

11. **Award Number**
6 H80CS00657-20-03
12. **Unique Federal Award Identification Number (FAIN)**
H8000657
13. **Statutory Authority**
42 U.S.C. § 254b
14. **Federal Award Project Title**
Health Center Program
15. **Assistance Listing Number**
93.224
16. **Assistance Listing Program Title**
Community Health Centers
17. **Award Action Type**
Administrative
18. **Is the Award R&D?**
No

Summary Federal Award Financial Information

19. **Budget Period Start Date 03/01/2021 - End Date 02/28/2022**
20. **Total Amount of Federal Funds Obligated by this Action** \$66,000.00
 - 20a. Direct Cost Amount
 - 20b. Indirect Cost Amount
21. **Authorized Carryover** \$0.00
22. **Offset** \$0.00
23. **Total Amount of Federal Funds Obligated this budget period** \$2,291,840.00
24. **Total Approved Cost Sharing or Matching, where applicable** \$6,468,095.00
25. **Total Federal and Non-Federal Approved this Budget Period** \$8,759,935.00
26. **Project Period Start Date 03/01/2020 - End Date 02/29/2024**
27. **Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period** \$17,652,167.00

28. **Authorized Treatment of Program Income**
Addition

29. **Grants Management Officer – Signature**
Sarah Hammond on 08/24/2021

30. Remarks



Notice of Award
Award Number: 6 H80CS00657-20-03
Federal Award Date: 08/24/2021

Bureau of Primary Health Care (BPHC)

31. APPROVED BUDGET: (Excludes Direct Assistance) <input type="checkbox"/> Grant Funds Only <input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation		33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)																																													
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35. FORMER GRANT NUMBER H2DCS00077		36. OBJECT CLASS 41.51																																													
37. BHCMI# 091250																																															
38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS: a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.																																															
39. ACCOUNTING CLASSIFICATION CODES																																															
FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE																																									
21 - 3981160	93.224	20H80CS00657	\$66,000.00	\$0.00	CH	HEALTHCARECENTERS_20																																									

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. This notice of award provides Ending the HIV Epidemic – Primary Care HIV Prevention (PCHP) additional supplemental funding to expand HIV prevention services that decrease the risk of HIV transmission in geographic locations identified by Ending the HIV Epidemic in the U.S. (EHE), focusing on supporting access to and use of PrEP.

PCHP funding should support progress on the following objectives:

- 1) Engage new and existing patients in HIV prevention services, identifying those at risk for HIV using validated screening tools, 2) Increase the number of patients tested for HIV, 3) For patients who test negative, provide HIV prevention education, and prescribe and support the use of clinically indicated PrEP, 4) For patients who test positive, link them to HIV treatment, 5) Establish new and/or enhance existing partnerships with health departments, and community and faith-based organizations to support identification of at-risk individuals, testing, linkage to treatment, and other activities that will support progress on the PCHP purpose and objectives, and 6) Add personnel who will identify individuals for whom PrEP is clinically indicated and support their access to and use of PrEP.

You must use these supplemental funds to implement the proposed activities and budget submitted to HRSA in response to the request for information, including any revisions, and your current approved scope of project, understanding that activities may change as the needs of your organization, patients, or community evolve over the course of the period of performance. Contact the program official listed on this notice of award if you need to update your Health Center Program scope of project to align with your PCHP activities.

All terms and reporting activities from your FY 2020 PCHP award issued February 2020 in response to HRSA-20-091 apply to this additional PCHP funding.

2. These PCHP funds may be used throughout the remainder of your FY 2021 Health Center Program operational (H80) grant budget period and in your subsequent budget period, as needed, through HRSA approval of carryover. This additional funding may be made available in subsequent years to support Ending the HIV Epidemic in the U.S. contingent on 1) the availability of funds for this purpose, 2) a determination that continued funding is in the best interest of the federal government, and 3) satisfactory performance.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Winfred Kimani	Program Director	wkimani@dph.sbcounty.gov
Alvin Goh	Authorizing Official	agoh@dph.sbcounty.gov

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).